

hospital or in-patient setting, specific strategies are elaborated in cooperation with the patient, in order to prevent falls at home. This approach has proven to be effective not only for “young olds” but also for the group of “oldest olds” (>80 years). The results obtained from different geriatric rehabilitations are constantly evaluated by analysing gait and balance performance and measuring functional independence at the admission and discharge of the patient.

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Falls in PRM ward in Gonesse hospital (CHG): What kind of prevention program?

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Keywords: Falls; Physical medicine and rehabilitation; Risk management

Objective.– To analyse falls in the ward in order to identify risk factors and prevent them.

Materials and methods.– Retrospective study on 29 months from the of CHG quality database.

Results.– Fifty-seven falls, only one in outpatient stay, were reported in 48 patients, mean age 62.3 years, above 1271 patients.

Six patients fell more than once, 28 had cognitive impairment, 23 had taken a benzodiazepine, 24 an antidepressant and 14 had taken both. Thirty-four falls occurred in the bedroom, 4 in sanitariums, 11 in the aisle, 8 in rehabilitation platform. Twenty-six occurred while trying to transfer by oneself. Eight falls occurred at night and 49 at day. One resulted in distal radial fracture. No post-fall syndrome was detected.

Discussion.– Falls occurred almost exclusively in inpatient stays. Our results match with literature: 48% of fallers take benzodiazepines, which is associated with increased risk. Fifty-three percent of patients with cognitive impairment take benzodiazepines and/or antidepressants.

Conclusion.– To prevent this fall risk, we will conduct an assessment of prescriptions for benzodiazepines and antidepressants.

Further reading

Expertise AFSSAPS Report: inventory of benzodiazepines uptake in France, 2012.

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CO87-009-e

Regional network organization for the treatment of chronic low back pain (CLPB): The Renodos

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Keywords: Chronic low back pain; Network; Multidisciplinary training program; Evaluation grid

Introduction.– We present a regional network organization for treatment of Chronic Low Back Pain. The Rehabilitation centres use a mutual evaluation protocol including Pain and Quality of Life visual analogue scales (VAS), fingertip-to-floor distance (FFD), muscle isometric endurance tests, Roland-Morris Disability Questionnaire (RDQ), Dallas Pain Questionnaire (DPQ) and Hospital Anxiety Depression (HAD) scale. Measurements are carried out before

T6, T12) follow-up visits.

Objective.– We want to assess the benefits of active multidisciplinary rehabilitation programs in a wide population, to share professional skills between rehabilitation centres and to promote active rehabilitation program.

Results.– Seven hundred and forty-eight subjects were included. Statistically discernible improvement occurred for patients on every outcome measure before to after (T0-T1, $P < 0.0001$). This improvement obtained at T1 was maintained for most of the outcome measures throughout 12-month follow-up. However, pain intensity and isometric muscle endurance showed significant negative evolution. Significant differences between genders were found for trunk flexibility measurement (FFD), isometric endurance time of the quadratus lumborum muscle, the RDQ and the HAD depression.

Conclusion.– A network organization effectively contributes to the harmonization of evaluation methods and brings coherence to the treatment of CLBP patients.

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European guidelines resources for PRM

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Keywords: Guidelines; UEMS-PRM; ESPRM

The implementation of the guidelines in rehabilitation is one of the aims of European PRM bodies: UEMS Section and Board of PRM and European Society of Physical and Rehabilitation medicine. In order to reach this goal, some actions have been undertaken such as a survey to collect information about guidelines from the national societies and about links to those resources on websites.

We sent the survey to 34 countries and we received 28 answers, 19 indicating the origin of the guidelines. Eleven responses sent a link to specialized websites. We obtained information about different situations and quality in guideline development in European countries. We emphasised the necessity of an improvement of such a very important process. On the other hand, the insufficient number of recommendations derived from the guidelines is a consequence of the methodological issues of rehabilitation studies. We had several studies in different arguments, but with small samples and often inconclusive. The perspective is to find the websites specialized at International and local level, to collect the guidelines, to evaluate the quality, to extract the main recommendations and to publish them on the websites of European bodies. The searched guidelines are focused in both clinical issues and pathways of care.

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CO89-002-e

Patients rights and responsibilities in physical and rehabilitation medicine programmes of care

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Keywords: UEMS; Physical and rehabilitation medicine; Patients rights; Programs of care; Quality

Background and objectives.– The Clinical Affairs Committee (CAC) of the UEMS PRM Section works on Quality and PRM programmes of care. Addressing patient's rights is an important condition for quality of care in physical and rehabilitation medicine.

Proposals.– Every patient has the right for an effective evidence-based rehabilitation with respect to his needs. Rehabilitation should be individually planned, interdisciplinary delivered and provided in settings where skills and resources are appropriate. Rehabilitation programmes should follow some specific rules

on patient's rights: the right to be informed about the nature of the illness and treatment options in a professional manner, to be told of realistic rehabilitation goals and to be involved in rehabilitation planning. Patients should receive sufficient time before discharge and be assisted for their integration into their previous or new life environment.

Patients have some responsibilities as well in a rehabilitation programme. They should provide all information which may be useful for setting up a relevant rehabilitation strategy and they should actively participate in their rehabilitation programme.

Conclusion.— The aim of CAC further works will be to compare existing criteria for patients' rights in European countries and to prepare a final position paper on patients rights in a PRM Programme of Care.

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CO89-003-e

Patient's rights and competency issues

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Keywords: Competency; Capacity; Rights

The presentation will explore the rights and competency of the patient accessing rehabilitation. The recent review of prolonged disorders of consciousness from the RCP London will be used as a guide on the decision making process for people in VS and MCS.

The presentation will focus on those who are unable to manage their own affairs due to impaired competency. All patients who possess mental capacity to make decisions regarding their treatment have the right to express their own choices, including the freedom to refuse treatments. The presentation will explore best interests and clinical responsibility for decision making.

Underpinning our clinical decision making are the core ethical principles of preserving life, maintaining or restoring health and minimising suffering. Within those responsibilities the physician must avoid harm and respect the patients right to autonomy.

The assessment of Mental Capacity will be addressed with particular reference to patients with a brain injury including those with communication disorders such as aphasia or anarthria.

In conclusion the presentation will summarise the role and responsibilities of the clinician when determining a person's decision making capacity.

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CO89-004-e

Guidelines for pressure ulcer care: An example of the formal consensus method

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Keywords: Pressure ulcer; Guidelines; Method

Introduction.— Persistent pressure ulcers affect aged people and patients with limited mobility [1].

Previous 2001 guidelines [2] were updated by the PERSE association, in cooperation with the French Society of PRM (SOFMER), the French Society of Geriatrics and Gerontology (SFGG), and experts from the French and Franco-phonian Society for Wounds and Healing (SFFPC).

Methods.— The Formal Consensus Method recommended by the French National Authority for Health (HAS) [3] and SOFMER [4]. This is the best method to address frequent health issues, with few scientific evidence and with controversies to solve by a professional consensus. Those works were carried out during 18 months. A Pilot Committee chose four questions. The first step was bibliographic search completed by two librarians. The second step was a reference analysis by a couple of two experts from different societies for each question. Other experts from every partner society could bring up additional recommendations. The draft guidelines were reviewed and amended by another experts group.

Results.— Final guidelines could be published at the end of 2012.

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CO89-005-e

Traumatic Brain Injury (TBI) care pathways in Finland and in France: Organization and issues

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Keywords: Traumatic brain injury; Care pathways; Health care system; Clinical decision making

Objectives.— To compare care pathways for severe TBI and its issues in two European regions.

Methods.— Semi-structured interviews with TBI practitioners (neuro-anesthesiologists, neurosurgeons, PMR physicians and neurologists) from the Finnish Turku region and the French Paris region. Questions addressed TBI care organization, decision making and difficulties.

Results.— Acute TBI care in Turku is centralized on unique intensive care and neurosurgery departments. Multidisciplinary coordinated post-acute rehabilitation is delivered on an ambulatory basis, inpatient rehabilitation is rare. In Paris, TBI care is spread over several sites, and multiple acute care departments take care of TBI patients. Inpatient coordinated rehabilitation is predominant. Physicians from both regions regarded age and alcohol consumption as determinant on decision making. TBI severity and home environment were assumed to have different impacts in the two regions. Main issues for Turku practitioners were related to financing of post-acute care, Paris practitioners cited predominantly lengths of hospital stay. Common issues were under-diagnosis of TBI, pre-eminence of motor over cognitive rehabilitation, and lack of objective criteria for inpatient rehabilitation.

Discussion.— These results are preliminary to a quantitative comparison study on TBI pathways of care. They highlight the main difficulties in TBI care in Europe and the need for improvement.

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Collaborative adaptation and implementation of a clinical practice guideline for the rehabilitation of adults with traumatic brain injury

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Keywords: Traumatic brain injury; Clinical practice guideline; Implementation; Quality of services